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Substitute for Form PTO-875											Application or Docket Number		
CLAIMS AS FILED – PART I (Column 1) (Column 2) SMALL ENTITY											OR	OTHER THAN OR SMALL ENTITY	
	FOR	NUMBER FILED					1		1]	SWALL	ENTITY	
	SIC FEE CFR 1.16(a))		KOMBEKTIEED			NUMBER EXTRA		1	RATE	FEE	}	RATE	FEE
TOTAL CLAIMS								ł		\$	OR		3
_	CFR 1.16(c)) DEPENDENT CLA	IMS	minus 20 =			•		L	× s		OR	X \$=	
(37	CFR 1.16(b))		minus 3 =						x s=		OR	x s=	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									+ s=		OR	+ \$ =	
* If the difference in column 1 is less than zero, enter *0* in column 2.							-	TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II													
	(Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR		RTHAN
⋖			CLAIMS MAINING			IGHEST UMBER	PRESENT		RATE				ENTITY
AMENDMENT		-	AFTER ENDMENT		PRE	VIOUSLY AID FOR	EXTRA		RAIE	ADDI- TIONAL FEE	'	RATE	ADDI- TIONAL* FEE./
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Total (37 CFR 1.16(c)) Independent	<u> </u>	6	Minus	<u> </u>	20	= /		X \$=		OR	x s=	/
Į į	(37 CFR 1.16(b))		4	Minus,		4	= /		X \$=		OR	x \$=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									+ s =		OR	+5 =	/
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	/
			lumn 1)			Column 2)	(Column 3)				•		
AMENDMENT B		RE	LAIMS MAINING AFTER NDMENT		PRE PA	GHEST UMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
M	Total (37 CFR 1.16(c))			Minus			=		x \$=		OR	x s =	
IEN I	Independent (37 CFR 1.16(b))			Minus	•••		=		X \$ =		OR	x s =	
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))										OR		
								L	+ \$ = TOTAL ADD'L FEE		OR I	+ s = TOTAL ADD'L FEE	
		(Co	lumn 1)		(C	olumn 2)	(Column 3)		_	•			
ENT C		REI A	LAIMS MAINING FTER NDMENT		NI PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
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AMENDMENT	Independent (37 CFR 1.16(b))	•		Minus	•••		=	l	× \$=		OR	× s_ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))									+ \$ =		OR		
									TOTAL ADD'L FEE		OR L	TOTAL ADD'L FEE	
	If the entry in co If the "Highest I" If the "Highest I'd	Numbe Number	r Previously Previously I	Paid For" Paid For	IN TH	IS SPACE I	s less than 20, e	nter	"20".				
Thin	The *Highest No	innber l	reviously P	aid For (otal o	Independe	nt) is the highes	t nu	mber found in th	ne appropriate	box in col	umn 1.	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450 DO LIOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.